RHRU

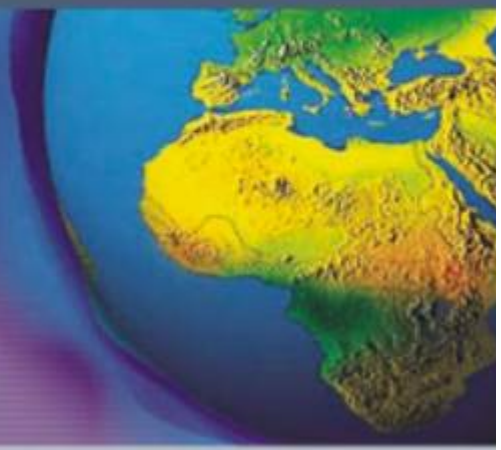
Reproductive Health & HIV Research Unit
of the University of the Witwatersrand, South Africa.

RHRU is a WHO collaborating Centre

Decentralized HIV Care in eThekwini District: Strengths & Challenges

14 February 2006

Reproductive Health & HIV Research Unit



eThekwini District/ KZN

- >40% HIV prevalence (antenatal)
- 3,5 million people (1/3 provincial population)
- 1.3 million positive
- 130,000 need treatment
- ART since April 2004
- Currently ± 10,000 on treatment in public sector
- RHRU support to 5 ART sites & feeder clinics
- Long waiting time for ART (high mortality)
- Paeds lagging behind
- Men lagging behind

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Objectives

- To reduce bottleneck @ ART sites
- Appropriate care for HIV + clients through appropriate health providers at the appropriate level (1º 2º 3º)
- To shift comprehensive HIV management from acute to chronic care by developing an efficient system of referral
- To integrate HIV care with TB/STI/SRH services @ 1º level

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Model for Decentralized Care

- District-wide
- ART sites serve as NODAL POINTS
- Nurse-driven chronic care

Clinic → ART Initiation site (Up Referral)
ART Initiation site → Clinic (Down referral)

- Integration of services
- Criteria for stratifying clinics
- 1-to-1 support /On-site training/IEC -RHRU
- Standardized tools (referral form, registers, client tracking form, directory of services)
- Involvement of PLWA , CBOs, FBOs

Implementation

- Phase 1- Buy-in: stakeholder meetings & workshops
- Phase 2- Pilot referral at peripheral clinic(s)

- Phase 3- Test referral at variety of clinics
- Phase 4- Stepped up implementation at 1º sites
- Rapid dissemination of model across district (rollout)

Strengths

- Political commitment
- Strong partnership with DoH
- Demand
- Good Drug supply
- Good Treatment protocols
- Training team
- VCT & PMTCT uptake

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Challenges

Human Resources

- HCW shortages – clinical, dieticians, psycho-social, data capturers
- Dispensing – problem with licensing nurses
- Constant need for training
- Resistance to change
- Resistance to paeds

Other resources

- Transport between sites – Losing clients in transit
- Resource limitations – technology, space
- Alternative drugs (S/E, resistance)
- Logistics e.g. lab courier, tracking result turn-around time – piggyback on existing structures & systems

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Challenges

Client Level

- Maintaining confidentiality
- Stigmatization

Bureaucracy

- Defined 'catchment area'
- Limited dispensing – nurses
- Local Authority vs. province
- Accessing public sector budgets

Community Level

- Limited community involvement/ systems
- Building supportive social attitudes

Challenges

Monitoring/Documentation

- Information systems/patient tracking system
- Documentation & feedback
- Standardizing tools

Health System

- Linkages with FP, TB services
- Limited intersectoral collaboration
- Fast tracking – 'urgent' clients – very low CD4, pregnant women-CD4

Benefits

- PHC/CHC level
  - *Reduced provider workload – fewer OIs etc as more clients commence ART*
- ART Site level
  - *Increased capacity so more clients initiated on tx*
- Client level
  - *more accessible to patients*
  - *attending local clinics results in reduced transport costs*
  - *Increased adherence*